

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/576301

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	1					
3		1				
4		2				
5		0				
6		0				
7		0				
8		0				
9	1					
10			1			
11						
12				1		
13				1		
14				1		
15				1		
16				1		
17				1		
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36				1		
37				1		
38				1		
39				1		
40				1		
41				1		
42				1		
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

Handwritten entries: Row 2 IND. = 1, Row 3 DEP. = 1, Row 4 DEP. = 2, Row 5 DEP. = 0, Row 6 DEP. = 0, Row 7 DEP. = 0, Row 8 DEP. = 0, Row 9 IND. = 1, Row 10 IND. = 1, Row 12 DEP. = 1, Row 13 DEP. = 1, Row 14 DEP. = 1, Row 15 DEP. = 1, Row 16 DEP. = 1, Row 17 DEP. = 1, Row 18 DEP. = 1, Row 19 IND. = 1, Row 20 DEP. = 1, Row 21 DEP. = 1, Row 22 DEP. = 1, Row 23 DEP. = 1, Row 24 DEP. = 1, Row 25 IND. = 1, Row 26 DEP. = 1, Row 27 DEP. = 1, Row 28 DEP. = 1, Row 29 DEP. = 1, Row 30 DEP. = 1, Row 31 DEP. = 1, Row 32 DEP. = 1, Row 33 DEP. = 1, Row 34 DEP. = 1, Row 35 DEP. = 1, Row 36 DEP. = 1, Row 37 DEP. = 1, Row 38 DEP. = 1, Row 39 DEP. = 1, Row 40 DEP. = 1, Row 41 DEP. = 1, Row 42 DEP. = 1, Row 43 DEP. = 1, Row 44 DEP. = 1, Row 45 DEP. = 1, Row 46 DEP. = 1, Row 47 DEP. = 1, Row 48 DEP. = 1, Row 49 DEP. = 1, Row 50 DEP. = 1. Totals: TOTAL IND. = 2, TOTAL DEP. = 16, TOTAL CLAIMS = 18.

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
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90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

Arrows pointing to empty cells in the total rows.